

**City of Kentwood
Donation Agreement Form
Applicants Name and Contact Information**

Name: _____

Mailing Address: _____

Telephone No.: (_____) _____ Cell No.: (_____) _____

Email Address: _____

Item(s) Desired to be Considered for Donation

Memorial/Donation Description _____

Preferred Location: _____

Acknowledgement and Signature

By signing this application, I confirm that I have read the City's Policy for Public Memorials/Donations and that I understand that my donation, of any nature, is considered to be an outright gift and offered consistent with that Policy. By signing, I also declare that I am the individual requesting to make the donation or that I am an appointed representative of the individual or group that desires to donate to the City of Kentwood.

Donor Signature: _____ Date of Submittal: _____

FOR OFFICE USE ONLY

Accept Deny

Reason/Conditions: _____

Mayor Date: _____